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| | 10/663,528 | 09/12/2003 | | Chang-S | Soo Koo | | I-2-02 | 22.2US | 3573 |
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| | APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PU | BLICATION FEE | TOTAL | EE(S) DUE | DATE DUE |
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| | TRINH, | , SONNY | 2687 | | | 455-522000 | • | | |
| Change of correspondence address or indication of "Fee Address CFR 1.363). Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required. | | | Correspondence | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | |
| | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) InterDigital Technology Corporation Wilmington, DE | | | | | | | | |
| | Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | |
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| | | MALL ENTITY status. See | | | | longer claiming SMAI | | | |
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| | Authorized Signature | Shokut Uu | ud | | | Date | ANUARY | 9 . | 2006 |
| | Typed or printed name | Robert D. Leonar | :d | | | Registration | No. 57, | 204 | |
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| Effective on 12/08/2004. | Complete if Known | | | |
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| Effective on 12/08/2004. THE Sursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number | 10/663,528 | | |
| FEE TRANSMITTAL | Filing Date | September 12, 2003 | | |
| For FY 2005 | First Named Inventor | Koo et al. | | |
| | Examiner Name | Sonny Trinh | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 2687 | _ | |

| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2687 | | | | |
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| TOTAL AMOUNT OF PAYMENT | (\$) 1,712.00 | Attorney Docket No. | 1-2-0222.2U | 3 | | | |
| METHOD OF PAYMENT (chec | k all that apply) | | | _ | | | |
| Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation | | | | | | | |
| For the above-identified dep | osit account, the Director is he | ereby authorized to: (che | ck all that apply) | | | | |
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| Application Type Fee (| | | ee (\$) Fee (\$) | Fees Paid (\$) | | | |
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| Design 200 | 100 100 | 50 1 | 30 65 | | | | |
| Plant 200 | 100 300 | 150 1 | 60 80 | | | | |
| Reissue 300 | 150 500 | 250 6 | 00 300 | | | | |
| Provisional 200 | 100 0 | 0 | 0 0 | | | | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 25 26 27 28 29 30 30 30 30 30 | | | | | | | |
| Total Claims Extra C | laims Fee (\$) Fee | Paid (\$) Mul | tiple Dependent (| | | | |
| HP = highest number of total claims pa Indep. Claims Extra Cl HP = highest number of independent cl | <u>ree (\$) </u> | Paid (\$) | | ee Paid (\$) .00 | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Eees Paid (\$) O.00 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| | Other: Issue Fee, Publication Fee and Four (4) Soft Copies of Patent 1,712.00 | | | | | | |

| SUBMITTED BY | | 1 / | | |
|-------------------|----------------|------|--|------------------------|
| Signature | Cherry | lud | Registration No. 57,204 (Attorney/Agent) | Telephone 215-568-6400 |
| Name (Print/Type) | Robert D. Leor | nard | | Date JANUARY 9 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| TR | ANSMITTAL FORM all correspondence after initial filing Pages in This Submission | o persons are required to respond to a co Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number | Patent and Trace lection of inform 10/663,52 | rinh 2US | | |
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| Amendme Ai Ai Ai Extension Express A Information Certified (Documen Reply to I Incomplet | fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Atternial Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI Remarks | Address L [F | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Form PTOL-85 | | |
| Firm Name | SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KOENIG, P.C. | | | | | |
| Signature | Mohut livered | | | | | |
| Printed name | Robert D. Leonard | | | | | |
| Date | JANUARY 9, | 2006 | Reg. No. 5 | 57,204 | | |
| | this correspondence is being fac s mail in an envelope addressed | RTIFICATE OF TRANSMISS csimile transmitted to the USPTO or dep | osited with the | e United States Postal Service with sufficient P.O. Box 1450, Alexandria, VA 22313-1450 on the | | |

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Typed or printed name

Robert D. Leonard